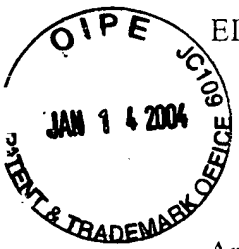


COPY



EL 998652207 US

1

MEMC 98-5751 (2358.4)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Mutti et al.

Serial No. 10/008,812

Filed November 13, 2001

For METHOD FOR CONTROLLING GROWTH OF A SILICON CRYSTAL TO MINIMIZE
GROWTH RATE AND DIAMETER DEVIATIONS

November 20, 2003

EL 998652207US

LETTER TO THE OFFICIAL DRAFTSMAN

TO THE COMMISSIONER FOR PATENTS,

SIR:

Submitted herewith are five (5) sheets of formal drawings to replace the drawings now on file.

The Commissioner is hereby authorized to charge any fees that may be required during the entire pendency of this application to Deposit Account No. 19-1345.

Respectfully submitted,

Robert M. Bain, Reg. No. 36,736
SENNIGER, POWERS, LEAVITT & ROEDEL
One Metropolitan Square, 16th Floor
St. Louis, Missouri 63102
314/231-5400

MISCELLANEOUS

(390)

File MEMC 2358.4 Attorney RMB

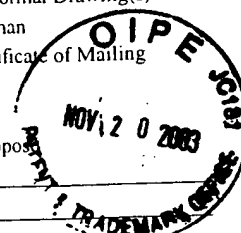
Client Name _____

Inventor(s) or Mark Muffi et al.

Serial No. 10/008,812 Patent/Reg. No. _____

The following has been received by the U.S. Patent and Trademark Office on the date stamped hereon:

- | | |
|---|---|
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Fee Transmittal Form |
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Combined Declaration/Power of Attorney |
| <input type="checkbox"/> Response to Missing Parts Notice | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Assignment and Cover Sheet | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> _____ Brief | <input type="checkbox"/> IDS, PTO/SB/08A, _____ Reference(s) |
| <input type="checkbox"/> Check \$ _____ | <input type="checkbox"/> _____ Sheet(s) of Formal Drawing(s) |
| <input type="checkbox"/> Letter to Commissioner | <input type="checkbox"/> Letter to Official Draftsman |
| <input type="checkbox"/> RCE Transmittal | <input type="checkbox"/> Issue Fee/PTO-85b/Certificate of Mailing |
| <input type="checkbox"/> Maintenance Fee | <input type="checkbox"/> Publication Fee |
| <input type="checkbox"/> Section _____ Declaration | <input type="checkbox"/> Statement of Use |
| <input checked="" type="checkbox"/> Other <u>Letter to Official Draftsman</u> | <input type="checkbox"/> Extension of Time to Oppose |
| <input type="checkbox"/> Other _____ | |



EL 998652207 US

ORIGIN (POSTAL USE ONLY)

Post ZIP Code <u>63169</u>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In <u>11/20/03</u>	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage <u>\$ 1365</u>
Time In <u>15:30</u>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Return Receipt Fee
Weight <u>40</u> lbs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	COD Fee
	Int'l Alpha Country Code	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>	Acceptance Clerk Initials <u>[Signature]</u>	Total Postage & Fees <u>\$ 1365</u>

CUSTOMER USE ONLY
METHOD OF PAYMENT:

Express Mail Corporate Acct. No. _____

FROM: (PLEASE PRINT)

SENNIGER POWERS LEAVITT
& ROEDEL
1 METROPOLITAN SQ FL 16
SAINT LOUIS MO 63102-2711

PHONE 314 231 5400

PRESS HARD.
You are making 3 copies.

MEMC 2358.4 +1 RMB



Post Office To Address

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. _____ Day _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	<u>[Signature]</u>
Delivery Attempt	Time	Employee Signature
Mo. _____ Day _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	<u>[Signature]</u>
Delivery Date	Time	Employee Signature
Mo. _____ Day _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	<u>[Signature]</u>

☐ WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature _____

Federal Agency Acct. No. or
Postal Service Acct. No. _____

TO: (PLEASE PRINT)

COMMISSIONER FOR PATENTS
PO BOX 1450
ALEXANDRIA VA 22313-1450

PHONE () _____



FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com